

SITE OCCUPANT RECORD—RESIDENTIAL							PROJECT NAME _____			
LOCALITY/AGENCY _____							PROJECT NO. _____			
DATE OF INITIAL INTERVIEW _____ INTERVIEWER _____							RELOCATION CASE NO. _____			
							ACQUISITION PARCEL NO. _____			
NAME OF OCCUPANT _____					CHECK: <input type="checkbox"/> FAMILY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT					
ADDRESS _____					DATE OF GENERAL INFORMATION NOTICE _____					
TELEPHONE NUMBER _____ CENSUS TRACT _____					EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR _____					
DATE OCCUPANT FIRST OCCUPIED THIS DWELLING _____					RELOCATION ASSISTANCE _____ (INCLUDE COPY OF NOTICES IN CASE FILE)					
RACIAL/ETHNIC CLASSIFICATION			HOUSING COSTS AND CHARACTERISTICS OF DISPLACEMENT DWELLING							
<input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER			TENANT: MONTHLY CONTRACT RENT \$ _____ AVERAGE MONTHLY UTILITY COSTS \$ _____ MONTHLY HOUSING COST \$ _____				OWNER: MONTHLY MORTGAGE PAYMENT (P&I) \$ _____ AVERAGE MONTHLY UTILITY COSTS \$ _____ REAL PROPERTY TAXES \$ _____ MON. HOUSING COSTS \$ _____		NO. OF ROOMS _____ NO. OF BEDROOMS _____ UNIT IS: HOUSEKEEPING <input type="checkbox"/> NONHOUSEKEEPING <input type="checkbox"/>	
SURNAME, GIVEN NAME(S)	RELATIONSHIP	SEX	AGE	OCCUPATION	SOURCE OF INCOME				GROSS MONTHLY INCOME	NAME OF EMPLOYER—TELEPHONE NO.
					EMP.	WELF.	PENS.	OTHER (Identify)		
					TOTAL GROSS MONTHLY INCOME: \$					
SPECIAL CHARACTERISTICS OF HOUSEHOLD (E.G., DISABLED, ELDERLY, ETC.)		REHOUSING PREFERENCES: PURCHASE <input type="checkbox"/> RENT <input type="checkbox"/> SUBSIDIZED HOUSING <input type="checkbox"/> NONE <input type="checkbox"/> LOCATION/NEIGHBORHOOD CONSIDERATIONS: _____ _____ PETS, GARAGE, ETC.: _____ _____							REHOUSING REQUIREMENTS: NO. OF ROOMS _____ NO. OF BEDROOMS _____ MAX. MON. HOUSING COST \$ _____ MAXIMUM PURCHASE PRICE \$ _____	

[illegible]

DATE OF MOVE _____ ADDRESS _____ CENSUS TRACT _____

MONTHLY HOUSING COST (MHC)						RELOCATION PAYMENT(S)			
<input type="checkbox"/> RENTAL		<input type="checkbox"/> PURCHASE:		<input type="checkbox"/> D, S, & S <input type="checkbox"/> NOT D, S, & S					
MONTHLY RENT	\$ _____	MORTGAGE PAYMENT (P&I)	\$ _____	DATE OF INSPECTION	_____	TYPE	<input type="checkbox"/> ACTUAL	<input type="checkbox"/> RENTAL	
EST. AVERAGE		REAL PROPERTY TAXES	\$ _____	DATE OF REINSPECTION	_____		<input type="checkbox"/> FIXED	<input type="checkbox"/> DOWNPYMT	
MONTHLY		EST. UTILITY COSTS	\$ _____	NO. OF ROOMS	_____			<input type="checkbox"/> 180-DAY HO	
UTILITY COSTS	\$ _____	TOTAL MHC	\$ _____	NO. OF BEDROOMS	_____	AMOUNT	\$ _____	\$ _____	
TOTAL MHC	\$ _____	SALES PRICE	\$ _____	(Include copy of Inspection Report in Case File)		DATE CLAIM FILED	_____	_____	
						DATE CLAIM PAID	_____	_____	
						(Include Copy of Claim Forms in Case File)			

IS UNIT IN AREA OF LOW-INCOME OR MINORITY CONCENTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS UNIT SUBSIDIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ (Identify)	TEMPORARY HOUSING DATE _____ REASON _____ _____ ADDRESS _____ RENTAL \$ _____ DATE OF MOVE TO PERMANENT DWELLING _____ OUT-OF-POCKET EXPENSES PAID: MOVING EXPENSES \$ _____ INCREASED HOUSING COST \$ _____	APPEAL FILED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE TYPE: <input type="checkbox"/> PAYMENT(S) <input type="checkbox"/> HOUSING <input type="checkbox"/> OTHER _____ (Include Copy of Appeal in Case File)
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